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INFANT MORTALITY IN THE THIRD WORLD: THE PUBLIC'S REACTION TO CHILD SURVIVAL

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Infant Mortality in the Third World: The Public's Reaction to Child Survival.

A report for the U.S. Committee for UNICEF, analyzing obstacles that impede citizens' consideration of ways to reduce infant mortality in developing countries, with recommendations for the Child Survival Campaign.

INFANT MORTALITY IN THE THIRD WORLD:
THE PUBLIC'S REACTIONS TO THE CHILD SURVIVAL CAMPAIGN

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I. PROJECT HISTORY AND INTRODUCTION

The World Health Organization and the United Nations estimate that every day in developing countries, 40,000 children under five die from easily preventable causes. This ongoing tragedy has been called the "silent emergency" because, unlike famine, earthquakes or other natural disasters, it is not covered by the news media and most Americans, like citizens in other developed countries, are unaware of it.

Beginning in March, 1986, the U.S. Committee for UNICEF will begin a national campaign to alert Americans to this tragedy and to inform them that a worldwide effort, the "Child Survival Campaign," is underway to cut this number in half by the end of decade. The Committee hopes to generate public and leadership support for this internationally backed effort. A four part strategy that falls under the acronym "GOBI" will be used to accomplish this goal. Briefly, the letters stand for the following:

"G" -- Growth monitoring: teaching parents to monitor their baby's height and weight through the use of an inexpensive growth chart;

"O" -- Oral rehydration therapy: teaching parents to give children a salt and water solution when their children get diarrhea, thereby preventing dehydration caused by diarrhea, the single biggest killer of infants in developing countries;

"B" -- Breast-feeding: encouraging mothers to breast-feed their babies, thereby providing infants with natural immunities and better nutrition;

"I" -- Immunizing children in the Third World against six diseases (polio, TB, diphtheria, measles, whooping cough, and tetanus), with the goal of "universal immunization" against these diseases by the year 1990.

Under a grant from the Carnegie Corporation, the Public Agenda is analyzing and evaluating the U.S. Committee's effort. The Public Agenda's research is designed to accomplish a variety of purposes:

- To provide the U.S. Committee with a clear picture of Americans' views about the issue of Third World infant mortality, including their likely response to the campaign, and the obstacles that might prevent them from giving the issue their most serious consideration;

-- To assess campaign brochures, films and other materials and provide the U.S. Committee with a clear understanding of how campaign materials and messages are understood;

-- To assess public and leadership opinion both before and after the campaign in order to gauge the extent to which the effort affected both groups' views about the issue of Third World infant mortality;

-- To conduct intensive panel sessions with the public after the campaign to ascertain which parts of the effort were most effective, and why;

-- To provide the U.S. Committee and the Carnegie Corporation with a final report assessing the various components of the effort so that the experience gained in this campaign can be shared by other organizations attempting comparable efforts in the future.

The first phase of the Public Agenda's effort called for an evaluation of the public's thinking about Third World infant mortality, or an assessment of the public's "starting point." The aim of this phase is to identify and analyze the obstacles impeding citizens from giving the issue and the Child Survival Campaign their most serious consideration. To accomplish this goal, the Public Agenda constructed a research design involving a series of six focussed group discussions (or focus groups), each with about a dozen typical citizens reflecting a cross section of various communities. The sessions, lasting about

two hours each, were conducted in Houston, Los Angeles, Minneapolis, Philadelphia, and Atlanta, the campaign's five "Model Cities" where the Child Survival Campaign effort will be most intense. The sixth group was held in Denver, a city chosen for geographic balance and because of its potential as a campaign site at a later date.

In each session, the Public Agenda assessed respondents' attitudes about the issue of Third World infant mortality, gauged what people knew about the issue, then systematically provided information about the issue and the campaign and assessed reactions to each piece. The ultimate objective of these sessions was to enable the Child Survival Campaign staff to understand Americans' initial reactions to the campaign, and their considered reactions as they learned more about the effort.

The Public Agenda's research plan and specific lines of inquiry for this first phase were developed with the cooperation and active involvement of Mr. Humphrey Taylor, President of Louis Harris and Associates and Chair of the Child Survival Campaign's Evaluation Committee, and senior U.S. Committee campaign staff, including the effort's Acting Director, Mr. Phil Gibbs, the Campaign's Deputy Director, Ms. Cindy Sutliff, and the Model Cities Coordinator, Ms. Estelle Strizhak. Ms. Avery Russell, Program Officer of the Carnegie Corporation, was instrumental in seeing the need for this type of analysis. Mr. Gibbs also observed two of the sessions and worked with the Public Agenda to review citizens' reactions and revise lines of inquiry as a result of preliminary analysis and findings while the series was still in progress.

This report presents an analysis of the results of those six groups. Specifically, the report analyzes the obstacles impeding respondents in the consideration of the effort on its merits or its humanitarian value. We discuss in detail the assumptions or premises that underlie respondents' views. In addition, we make a series of recommendations to the U.S. Committee about the most effective arguments and pieces of information to stress in order to engage Americans' thinking about this vital issue. We have also

listed a series of "Additional Observations," findings or important insights that, while not "obstacles" in the sense we use that term, will nevertheless be instructive and helpful as the Committee undertakes its work.

The report is organized as follows:

-- First, we briefly describe the Public Agenda's approach;

-- Second, we present a brief summary of our analysis of respondents' reactions, with recommendations for the Child Survival Campaign;

-- Third, we detail an analysis of the obstacles impeding public consideration of this issue, including a description of the premises that underlie people's thinking, and a discussion of the different pieces of information or arguments that had the greatest impact on people's thinking. In this section, we also make a number of specific recommendations for the Committee's campaign effort;

-- Fourth, we present a series of additional observations, a further analysis of people's reactions that are directly relevant to the effort, with additional recommendations for the Committee;

-- Finally, the methodology used is described in detail.

II. THE PUBLIC AGENDA'S APPROACH

The Public Agenda's work rests of certain assumptions, developed over some years of research, about public opinion toward complex policy issues. These assumptions include the following:

1. technical policy questions that seem too difficult for citizens to consider in fact often mask value questions that, when reduced to essentials, can be effectively addressed by typical citizens who lack expertise;

2. while citizens' initial views about an issue may appear inconsistent or based on misinformation, most Americans have a far greater capability to consider complex issues and reach an informed judgment about them than many policymakers and experts believe;

3. information about complex issues must be clearly organized and presented so that citizens can sort through an issue's significant aspects and relate the options about it to their own deeply held values;

4. citizens need time to consider the implications of unfamiliar positions;

citizens' considered judgments -- the views they express after they sort through an issue's technical aspects, recognize and struggle with the inconsistencies of their initial views, understand incontrovertible information about an issue, and consider the implications of various policy options -- are generally stable, consistent, realistic, and worthy of serious consideration by policymakers.

The Public Agenda has, over the years, been able to identify various types of "obstacles" that block or impede citizens from realistically or seriously considering policy issues. The technique used in this first phase of the Public Agenda's research, the focussed group discussion or focus group, has proven well suited for what we call "obstacle analysis;" while focus groups, like any qualitative method, do not yield the statistical reliability of a nationally projectable, random sample of public opinion, this method offers numerous advantages. In this case, the Public Agenda used the technique to discover the range of concerns that citizens associate with the general issue of foreign assistance to developing countries and to the particular issue of reducing Third World infant mortality. By gauging initial reactions, then providing information and arguments and gauging reactions again, we are able to provide both a framework that displays the premises on which public thinking about these issues are based and also the information necessary if citizens are to confront this issue realistically and give it their serious consideration. Strictly speaking, however, the obstacles and observations presented in this report are <u>hypotheses</u> that would need to be validated by reliable quantitative methods before they could be considered definitive within precise sampling error.

We should also note that the Public Agenda, as a nonpartisan institution, does not take a point of view on the issues it investigates. Rather, our efforts are to discover and describe public reactions, no matter what they might be. In terms of this project, however, the Public Agenda has assumed a slightly different posture. While our primary objective is to describe and analyze public thinking, we are working under the assumption that saving lives and reducing infant mortality is a universal value; therefore, we have assumed that part of our role in this phase is to assist the U.S. Committee to increase the effectiveness of its effort to alert Americans to the "silent emergency" of Third World infant mortality.

III. SUMMARY OF ANALYSIS AND RECOMMENDATIONS

The following summary merely highlights some of the most important material described in detail in the following section.

The single most important result of the research may be that, almost without exception, those interviewed in six sessions felt that reducing Third World infant mortality is a worthwhile goal and something they would support. While we identified a variety of obstacles that impeded many from giving the issue their serious consideration or that reduced their enthusiasm for the effort, these initial positive opinions became even more positive as the sessions progressed and as people learned more about the effort. Suggesting as it does the Child Survival Campaign's tremendous potential, we feel that this result should be heartening to those at work on the effort.

A number of obstacles that impeded respondents from seriously considering the effort were identified, and an analysis of them with specific recommendations for the campaign follows in Section IV. Most prominent among these obstacles were the sense that problems facing developing countries are overwhelming, and the sense that the effort will be the sole responsibility of the United States. In both cases, as with other obstacles identified, particular pieces of information changed respondents' views. The latter sense was overcome when people learned that the effort is supported internationally. Respondents' feeling that Third World problems are hopelessly massive is more complex and not so easy to overcome; but when respondents saw this effort as a short-term, emergency response with limited goals instead of an effort of indefinite length with tremendously ambitious goals, they were much more likely to support it enthusiastically.

IV. DETAILED ANALYSIS OF THE OBSTACLES IMPEDING CITIZENS FROM GIVING SERIOUS CONSIDERATION TO EFFORTS TO REDUCE THIRD WORLD INFANT MORTALITY, WITH RECOMMENDATIONS FOR THE U.S. COMMITTEE FOR UNICEF'S CHILD SURVIVAL CAMPAIGN

Obstacle #1: The reluctance to face a new problem.

It is often the case that people's initial reaction to virtually any new problem is to wish it did not exist. Implicitly, the recognition of a new problem calls for action or at least concern, thereby upsetting, at least temporarily, an individual's equilibrium and felt ability to manage his life. It is not unusual for people to express discomfort or even irritation when they first learn about a problem, and to use arguments or rationalizations to remove it from their awareness, thereby eliminating the discomfort it causes. What a psychologist might call "denial" is a common response to even mundane problems (like a "funny noise" in a car or a household appliance); in fact, much of our culture's television and cartoon humor rests on this premise. (Certain TV shows, such as "Father Knows Best" for example, have often depicted situations where one character persistently fails to recognize a problem that others clearly see.)

For nearly everyone interviewed, the issue of child mortality in developing countries was something about which they were unaware. It is therefore understandable that many respondents expressed initial reluctance to confront the issue. A few denied that infant mortality was a matter of concern to parents in developing countries. A woman from Philadelphia said, "It's common place for a child to die [in the Third World], so it's not really a hardship [for people] in those countries." More often, respondents questioned the statistics presented by the moderator. "Exactly how accurate is that estimate?" people asked. Or, "Where do those numbers come from?" A man from Denver said to the moderator: "You are providing us with all these facts and figures -- where do they come from? How do we know they are legitimate or that they are not just maybe one organization's statistics that they've [the organization] come up with that they want us to believe?"

A number of respondents said that if infant mortality were really as bad as the statistics suggested, they would have heard about it before. In part,

these reactions stemmed from an inability to empathize with parents in developing countries (See Obstacle #2) and from a lack of knowledge (see Obstacle #3); more generally, however, respondents' initial reluctance to consider the issue seemed rooted in the altogether human wish that the problem, like any other, did not exist.

Recommendation for the campaign:

The issue of infant mortality should be presented clearly, authoritatively, and not overstated. The source for all statistics and estimates should be prominently displayed. Such measures will make it difficult for people to question the accuracy of the statistics. If the numbers are easy to understand, and the source listed so that the accuracy of the estimates cannot be doubted, people will be less inclined to wish the issue away, dismiss it, or push it out of their minds. Additionally, though the numbers are large, informing people that something can be done to reduce them will reduce their felt need to do so.

Obstacle #2: The difficulty of empathizing with people in developing countries.

Many respondents found it hard to empathize with people in developing countries. This difficulty stemmed in part from lack of knowledge, but it was also the result of a limited ability (although not an unwillingness) to imagine how such people live, and to understand their concerns and values. Numerous respondents said, for example, that "life is cheap" (i.e., cheaply regarded) in developing countries, and that parents had children mainly because of their potential to make an economic contribution to the family. A Viet Nam veteran recounted how, during his tour of duty, a peasant said that "if his [the peasant's] wife or children died, he [the man] would grieve; but that if his water buffalo died, his life would be ruined." The respondent interpreted this story to mean that the man did not love his wife and children as deeply as do people in the West. Other respondents questioned whether families would even want their children to be immunized against diphtheria and other diseases. One woman who strongly supported the Child Survival effort said one reason for her support was that the campaign would "teach mothers (in developing countries) to love and care for their children."

The difficulty in empathizing with those in developing countries may be rooted in economic, racial and cultural differences, and in America's historical and physical isolation. Whatever the reasons, however, we should stress that there was a sharp distinction between respondents' ability to empathize and their willingness to do so. In discussing the Ethiopian famine, for example, respondents often described their reactions to television images and photographs of individual children, while rarely if ever mentioning statistics about the number of people affected. As the sessions progressed, and the effort to reduce infant mortality was discussed at length, as people learned more information and considered other points of view, their empathy for parents and children in developing countries usually increased, and often to a considerable extent.

Recommendation for the campaign:

The difficulty respondents had in empathizing with parents in developing countries suggests that, whenever possible, the issue of infant mortality should be presented anecdotally. Reactions to the Ethiopian famine suggest that enabling Americans to consider the issue, however briefly, from the point of view of an individual -- either a parent or a child or a volunteer working to immunize children or teach mothers how to use the salt solution to prevent dehydration -- will increase people's ability to imagine accurately and thus empathize more generally. In addition, providing people with detailed information about a specific activity in a particular country will help bring estimates and numbers to life, and thus accomplish the same end.

Obstacle #3: Lack of knowledge

As noted, respondents had virtually no prior knowledge about Third World infant mortality and many found it hard to imagine the feelings of people in developing countries. Additionally, most participants had little knowledge about developing countries: they lacked information about politics and economics and day-to-day life of Third World residents. A few respondents were dramatically uninformed. One woman, for example, suggested that Africa was a single country with one government. Others either greatly overestimated or underestimated the standard of living in developing countries. For example, in discussing how to disseminate information about GOBI in developing countries, one man suggested that television be used, implying that most people in developing countries had a TV.

Other respondents said health care is largely unavailable to people in developing countries, or that people had to "walk miles" to see a doctor, suggesting that many (if not most) people in Third World countries lived in remote, isolated villages that are far from the basics of civilization. In addition, many respondents said that famine is rampant in the Third World, and from that premise questioned the feasibility of one component of the campaign "What good is breast-feeding," more than one person asked, "when a mother is so malnourished that she hasn't any milk?" A woman from Philadelphia said, "I can't imagine these people in backward countries going out to buy canned milk. They just don't have it [the milk], they don't have the money, they don't even have can openers." Others said that since most people in developing countries do not have access to clean water, rehydration therapy would not work, or that diarrhea was so chronic as to be almost a daily fact of life. A Los Angeles woman said, "Parasites are a big problem. They [people in developing countries] have parasites that just come out of your mouth."

To a considerable extent, respondents' lack of knowledge formed the premise for several widely held misperceptions about the campaign and its doability. As described in greater detail in Obstacle #5, respondents often said, for

example, that the effort could not succeed in reducing infant mortality because of the attitudes of Third World governments.

Recommendation for the campaign:

It would be impossible for the campaign to provide enough information to overcome this obstacle completely. However, certain key pieces of information can be integrated into campaign material and presentations aimed at the general public that can help overcome this obstacle. Among pieces of information that were or will be effective in this regard are the following:

-- that radio will be used to communicate information about the effort, and that most people in developing countries either have (or have easy access to) a radio;

-- that most people in developing countries do have access to health care;

-- that much of the effort will in fact focus on people living in urban areas.

This obstacle is related to Obstacle #4: "A deeply-rooted skepticism or fatalism that any effort, including this one, can be adequate to improve life in developing countries." Recommendations for overcoming that obstacle also apply to this one.

Obstacle #4: A deeply-rooted skepticism or fatalism that any effort, including this one, can be adequate to improve life in developing countries.

Respondents in several sessions were asked whether U.S. foreign assistance to developing countries should be increased, decreased, or kept at current levels. Among 36 respondents, 32 said foreign aid should be decreased. They were then asked about emergency relief efforts such as the aid provided to famine victims in Ethiopia. Virtually without exception, the same respondents who favored cutting foreign aid said that famine relief or emergency aid after earthquakes, floods or other disasters should at least be kept at current levels, or even increased, depending on the need. Respondents were proud of America's historical response to such tragedies. "Whenever there's a earthquake or anything like that," a man from Atlanta said, "we've always been there to help." A number of people were visibly moved when they talked about the images of famine victims. "The sight of those children with swollen bellies and flies on their faces broke my heart," a Philadelphia woman said.

Respondents were asked to reconcile this apparent inconsistency -- cutting foreign aid while simultaneously increasing emergency assistance -- and in the discussion, several themes emerged. Some respondents said that efforts such as Live Aid called on people to respond as individuals, rather than as taxpayers through the government. Voluntary efforts that were not, in one man's words "coercive" were more attractive or palatable, some said. When pressed further about government aid, however, respondents drew a key distinction that may explain this paradox and underlie many Americans' attitudes about foreign aid in a general sense.

Considering life in developing countries led many respondents to feel numb or hopeless. Most of those interviewed said that even the most successful foreign assistance efforts were a "drop in the bucket." So much is needed, they said, that any effort will be woefully inadequate, and therefore, implicitly, futile, a waste of time and money. In respondents' view, the problems facing developing countries are overwhelming and intractable.

Many expressed a almost fatalistic concern about the quality of life of those who survive. "Even if it [the effort to reduce infant mortality] is successful," several respondents said, "it won't make any difference. Those whose lives are saved will only grow up in poverty, without any hope of bettering themselves, of making a decent living or securing a better future for themselves and their family." One man commented, "All right, assume the campaign does save the lives of some three year olds. How long will they live -- until they're nine or ten?" A man from Philadelphia said, "If we saved all the children we wouldn't be able to feed them. They would grow up and starve later." A woman from Los Angeles said, "I'm not going to want to save the babies to watch them die as children."

In respondents' view, even if every cent of development assistance were well spent (which most felt was not the case, see Obstacle #5: "The feeling that foreign assistance does not reach the people in need of help"), the problems of famine, disease, illiteracy, lack of skills, and general economic underdevelopment are so massive that the aid would make little difference.

When discussing emergency relief, however, respondents expressed a completely different view: a primary reason why so many favored cutting foreign aid, yet proudly and generously supported emergency relief efforts was the feeling that the latter really does do good, it really does help people in need, it really does make a difference. While several respondents complained about administrative waste, of "food rotting on the docks," or of bulldozers and other heavy equipment that could have helped in the Mexico City earthquake sitting idle because "no one knew how to use them," nearly everyone felt that, in spite of such waste, much of the aid did get through; and, most added, the need is so chronic, that waste is an acceptable price to pay if people's lives can be saved.

Recommendation for the campaign:

The sense that Third World problems are so overwhelmingly massive that no effort can really make a difference is, in our view, the greatest single obstacle that will block Americans from giving serious consideration to the issue and the campaign. However, in every session, this sense of hopelessness and fatalism diminished significantly when respondents saw the effort as a short-term, emergency response to a specific, pressing, ongoing tragedy.

Several arguments or pieces of information helped respondents see the effort as a emergency response to a pressing problem. First, respondents were reminded about the worldwide success at eliminating small pox. (While a few respondents were not aware of this success, the overwhelming majority were. However, those interviewed did not mention the fact spontaneously, or make a connection between a successful effort to eradicate one disease and the precedent and hope it offers for successfully eradicating others.) Progress is measured one step at a time, the moderator said; and while it is certainly true that this campaign will not transform life in the Third World or cure every problem facing those who live there, it would, he continued, represent a giant step forward. After considering the success with small pox within a "step-at-a-time" framework, many respondents' search for a "perfect solution" to the massive problems of developing countries was tempered or dissipated completely; they began to consider the effort quite differently, and many quickly changed their views about the effort -- either from negative to positive, or from positive to more positive.

Another piece of information that helped counter respondents' sense that the problems facing developing countries are hopeless was this fact: that in addition to taking lives, the preventable diseases targeted by the campaign permanently disable thousands of children every day. Respondents' sense that the effort would not improve people's quality of lives was eradicated when they considered how many would not become blind or crippled if they were immunized against the diseases targeted by the effort.

We therefore strongly recommend that the campaign stress that this is a short-term, emergency effort designed to deal with a specific, deadly situation. The campaign should inform people that the six diseases that would be prevented by universal immunization cause permanent disabilities in addition to death. Finally, and perhaps most important, we urge that campaign materials emphasize that Third World health has improved, that past success has been achieved in areas such as the elimination of smallpox. More than any other piece of information or argument, this helped people see that progress is measured in steps, not leaps and bounds; and that the Child Survival Campaign, though not a perfect solution or cure-all for every problem facing developing countries, is a major step forward.

(In this context, we should also note that one of the campaign's draft brochures argued that conditions in developing countries were similar to conditions in the U.S. one hundred years ago. The implication was that the U.S. progressed and became a prosperous country, and so can nations in the Third World. Importantly, this comparison did not affect respondents' thinking to any great extent. It did not change their views about developing countries, or help them visualize the problem differently. In one group, respondents suggested that this comparison was strained or inauthentic. However, the smallpox success, perhaps because it was more recent and worldwide, did affect respondents' thinking, sometimes quite dramatically. It led them to make numerous other associations to, for example, the Salk vaccine and other measures that improved public health within their lifetime or, in the case of younger respondents, the lifetime of their parents. We therefore recommend that the campaign not draw an analogy between life in the U.S. one hundred years ago and life in developing countries today.)

Obstacle #5: The feeling that foreign assistance does not reach the people in need of help.

Exacerbating the sense that the problems facing Third World countries are overwhelming was the conviction that American foreign aid is not, and has not been, well spent over the past several decades. "The river beds [in Ethopia] started drying up four years ago. Where was the foreign aid? It was going there [to Ethiopia], but it wasn't getting there [i.e., meeting the need]." Instead, respondents felt that most aid rarely helps those for whom it is intended. In one session, they estimated that only about twenty cents out of each dollar in nonmilitary foreign assistance actually gets to the people for whom it is intended. The rest, they said, goes for excessive administrative costs, "red tape" and into the pockets of corrupt foreign officials. "I don't think they [the people in need] are getting it [foreign aid]," a woman from Philadelphia said. "I think the big guys are getting it and they can give it to whomever they want to give it to."

Importantly, even much private assistance from very well regarded agencies such as CARE, Save the Children and the Red Cross does not, in respondents' view, reach those for whom it is intended. While feeling that private efforts are much more efficient than the government's, respondents estimated that only about fifty or sixty cents of each dollar in private aid ends up reaching the people in need of help. (By way of comparison, several respondents said that 89 cents of each dollar contributed to the United Way gets to those for whom it is intended.)

A final reason why some respondents wanted to reduce foreign assistance involved views about the proportion of aid that goes for military purposes as opposed to meeting strictly humanitarian needs. In two sessions, a majority said that the U.S. spends far too much for military assistance which is, in their view, of no help or value to impoverished people in the countries receiving the assistance. "All it does is buy guns so that they die quicker," said a man from Minneapolis. Several respondents favored decreasing military

assistance, without cutting back (or only slight decreasing) nonmilitary aid. We should emphasize, however, that this was not the view of everyone interviewed; indeed, some respondents called for more military aid and less nonmilitary assistance. More importantly, however, this reason was not nearly as important a premise underlying respondents' views about foreign aid as perceptions about the intractability of Third World problems. We should also note that the sessions were conducted during a time when there was much news about events in the Phillipines, and respondents' views about military assistance and corrupt officials may have been influenced by their attitudes toward the Marcos regime and U.S. involvement in that country.

Recommendation for the campaign:

Given respondents' views about U.S. foreign assistance, we recommend that the campaign emphasize the extent to which the Child Survival Campaign is a private, voluntary effort. (Additional reasons for this recommendation are suggested by material detailed later in this report.) Since Americans will respond more positively to government assistance if they feel that it is an immediate, short-term response to an emergency situation, we recommend that the Campaign emphasize the similarity between the government's response to this effort and its response to other emergencies such as famine and natural disasters. Otherwise, citizens may feel that the government is merely throwing taxpayers' dollars into a bottomless pit of need -- and doing so wastefully or inefficiently as well.

Obstacle #6: The feeling that in terms of foreign aid and developmental assistance, America has been victimized in the past.

In addition to feeling that American foreign assistance has accomplished little, respondents said U.S. foreign aid is often (or even generally) resented by those who receive it, that it does nothing to counter widespread anti-American sentiment, and that sometimes U.S. aid actually creates such feelings among people in the Third World. "We have to overcome not so much the people but the government," a man from Denver said. "The governments [in the Third World] are hostile to us when we come in and say we want to help. They have the attitude: 'We don't want your help! Go away and leave us alone!'" Many respondents expressed the view that in terms of foreign aid or developmental assistance, the U.S. has been "victimized" in the past. "We try to buy friends," one man said. Many respondents said that countries that receive assistance are not grateful to the U.S. (and to the citizen-taxpayers whose sacrifice makes such assistance possible); respondents felt that many countries resented our comparative wealth and their need for assistance. Most respondents simply assumed that the Child Survival Campaign would be a unilateral U.S. effort. In this context, many expressed concern that the effort would strain U.S. resources, fail to achieve its goals, and be resisted and resented by people in the Third World.

But when respondents learned that the campaign is an <u>international</u> effort that is supported by foreign governments and foreign private charities, their views about the effort became much more positive. In one group, after learning these facts, a number of respondents asked how much the whole effort would cost. When the moderator said the estimated cost was $1 billion, a man from Denver said, "Why that's peanuts." The reaction of several others was, "Is that all?" A few respondents volunteered that the U.S. should pick up half the total cost. When respondents also learned that the effort is already underway, that thousands of children have been immunized and that volunteers are working to distribute GOBI materials and teach mothers how to treat diarrhea, they became even more enthusiastic and even more willing to support the effort. Many

seemed stunned that so much progress had been made (or could be made) without substantial assistance from the American people. Indeed, more than any other fact, argument or piece of information, the fact that this is an ongoing international effort caused the greatest increase in respondents' support for the effort.

Recommendation for the campaign:

Of all the facts or arguments presented in the sessions, information that this effort is internationally supported led to the greatest increase in respondents' support for the campaign. We recommend that campaign materials stress that the effort is supported by private agencies and governments throughout Europe and elsewhere. To increase further people's sense that this is not an effort that will be funded or administered solely by the U.S., Committee staff might learn whether the Soviet Union or other communist governments are supporting the effort and, if so, mention that fact as well. Most respondents came to the view that this is an issue that everyone can support, regardless of ideology, geography, religion, or views on other issues. Learning that even America's adversaries support the effort will probably increase that sense.

But while campaign materials and campaign representatives should make it clear that neither the U.S. nor the American people are expected to shoulder the entire cost of the effort, or even the lion's share, we do not recommend listing figures that compare the total or per capita contributions of various nations. Such comparisons only invite feelings of national rivalry, competitiveness and guilt; in order to generate maximum public attention and support, it is essential that the campaign avoid stirring up such feelings as they would almost certainly be counterproductive.

Obstacle #7: The feeling that the effort is not administratively doable

Respondents raised numerous questions about the campaign's overall doability, some of which stemmed from their lack of knowledge or related to their feelings about foreign aid. Questions included: Who would actually immunize the children and disseminate the other information? Wouldn't it require tens of thousands of volunteers working many years to accomplish the goal? How would children in need of immunization be identified, located and contacted? What good is rehydration therapy if the drinking water is so bad that diarrhea is chronic? On the subject of breast-feeding, a man from Philadelphia asked: "If a mother has some kind of disease, scurvy, or some venereal disease -- don't they pass that on the baby?" Other questions included: Isn't the illiteracy rate so high that mothers could not read or use the growth monitoring chart? Aren't people in developing countries generally superstitious and mistrustful of western medicine and doctors? Won't they resent or resist the effort? Won't people's religious beliefs lead them to oppose immunization? Won't they see the entire campaign as an attempt by westerners to impose foreign values and change their culture?

As noted above, virtually everyone interviewed assumed that the campaign would be a unilateral U S. effort. In this regard, many respondents raised questions about the number of Americans that would be required to implement the effort. Many respondents visualized the effort as being run by the Peace Corps and questioned the number of volunteers that would be needed and the limits of American resources (both financial and in terms of people). Several wondered if anti-American sentiment wouldn't lead people in most developing countries to resent or resist the effort. Importantly, hardly anyone in any session considered the attitudes of Third World governments without prompting. Virtually no one wondered if Third World governments would support the effort, be involved in any way, or were even concerned about reducing infant mortality within their borders. Rather, most assumed the effort would be a direct U.S. undertaking, funded and administered by Americans, and staffed by American volunteers, medical personnel, and Peace Corps volunteers.

Recommendation for the campaign:

While this obstacle was important, it was also easy to overcome. When people learned that massive immunization efforts had already been completed in different countries under the leadership of the local government, local volunteers and, in at least one case, the mobilization of the Army, they began to imagine a more realistic picture of the effort and its implementation. We therefore recommend that campaign materials intended for the public describe at least one effort in considerable detail. In addition to providing information about the number of children immunized, the campaign material should describe how the task was carried out, and discuss the local government's attitude and involvement. Providing such detail about the effort (and, implicitly, about people's response to it) will also help citizens overcome some of their hazy, stereotypic images about life in developing countries and visualize how this effort might in fact be carried forward on a worldwide scale. When people begin to get a clearer picture of what has already been accomplished and the means used, they can picture more clearly what a more extensive effort would involve. And then their support increases, often rather dramatically.

Obstacle #8: Lack of efficacy about a individual's ability to improve life in the Third World.

Complementing the sense that no amount or type of aid can make any difference or improve the lives of people in developing countries, another powerful theme emerged from the discussions: respondents' own lack of confidence that they themselves could make a difference. As noted, respondents said that virtually nothing could improve life in the Third World; yet when they talked about the recent famine or other disasters, their views were markedly different -- not only because aid has been delivered, but also because Americans, as individuals, had shown their ability to help remedy the situation. Respondents were not only proud of the country's efforts to help famine victims, a number of them said they themselves had contributed to famine relief. Many also mentioned their contribution to the United Way and their feeling that they were making a sacrifice to accomplish something worthwhile. In Denver, respondents proudly told the moderator that residents of that city contribute more per capita to the United Way than anywhere else in the country. And when told after the end of that session that Denver was not one of the model cities targeted by the campaign, several seemed insulted and told the moderator that UNICEF was making a big mistake because people in Denver would welcome the chance to help with this effort.

In large part, then, a key difference between respondents' views about emergency relief and long-term assistance seems rooted in their own sense of efficacy, the feeling that what they and others do as individuals can make a difference. When people feel efficacious, they become energized and motivated to volunteer and help. In this context, we should also mention that a few respondents mentioned Save The Children, and one woman said her mother had "adopted" a child through that program. "We have to save one child at a time," she said, "then, pretty soon the numbers mount up." The implication of these remarks was that this was a program where an individual could see that his sacrifice made a difference.

Recommendation for the campaign:

We think it is vital that people regard the campaign as a concrete, short term effort in which they, as individuals, can make a difference. By the end of the sessions, most respondents wanted to know what specific steps they could take that would make a difference. Most felt that writing their Senators and Representatives was a waste of time. To increase people's sense that they, as individuals, can make a difference, the campaign might calculate the total cost, including administration, of immunizing a single child ($5.00?), then ask people to donate or raise exactly that amount in order to accomplish that particular goal. The idea that an individual (or a small group) can accomplish something worthwhile by making a modest sacrifice is a powerful message. It helps counter people's feeling that Third Word problems are so overwhelming that there is nothing they or anyone else can do about them.

Additionally, by stressing the short term nature of the effort, the campaign makes it possible for people to feel that the goals they are being asked to support are both achievable and measurable, that their donations, rather than falling into a bottomless pit of chronic need, is like a brick in a wall -- part of something they can expect to see being constructed and then completed by the end of the decade, that their volunteer work help save a child's life. In this regard, we also recommend that the campaign provide periodic progress reports to those who support it initially in order to keep their enthusiasm high and give them a sense that their efforts are paying off.

Obstacle #9: The sense that "charity should begin at home."

Another common reaction to the effort (especially pronounced early in most sessions) was the idea that "charity begins at home." Some respondents felt that the Child Survival Campaign, though a worthwhile endeavor, was a "foreign" effort that should not be supported by Americans because there are so many problems in the U.S. "We can't save the world," a woman from Philadelphia said. "We can't save everyone. We should start here at home." A number of respondents said that budget cutbacks have increased the need for social services in the U.S., and several expressed particular concern about education and the plight of the homeless.

Another reaction voiced by some respondents, and most strongly by minority group members, involved infant mortality in the U.S. Many said they would support the effort only if it either included children in this country or if American contributions were first used to reduce infant mortality in the the U.S. We should emphasize that this particular issue did not emerge in every group; and in the sessions where it did, most respondents did not consider the issue until one person raised it. For most respondents, this was not a concern or priority until it was mentioned; and when most respondents considered the issue at greater length, they said that the causes of infant mortality targeted by GOBI are probably comparatively rare in the U.S. Some respondents named children in Appalachia, children of illegal immigrants and migrant workers, and children born to parents who live in the very poorest inner city ghettoes as Americans who were potentially at risk. However, most respondents felt that while the infant mortality rate in the United States may be (or is) too high, the causes of domestic infant mortality are not the same as those targeted by this effort.

Recommendation for the campaign:

Since the issue of U.S. infant mortality was not a spontaneous concern of large numbers of respondents, we recommend that it be given a low profile in campaign material. However, this issue was a strong concern of several respondents, and, once it was raised, of most respondents. We would therefore recommend that campaign materials and representatives say that while the effort will focus on developing countries, it will try to reduce infant mortality anywhere in the world, including the U.S., insofar as the same causes might exist. In addition, campaign material should make the point that by this effort to raise public awareness and sensitivity to the issue internationally will also increase Americans' awareness about U.S. infant mortality and their willingness to support actions to reduce that rate.

As for the more general sense that the U.S. has its own pressing needs, we repeat our recommendation that campaign materials describe the effort as a short-term, emergency response to a special situation. In that context, people are far less likely to think that resources needed here are being (indefinitely) diverted for use overseas.

Obstacle #10: Resentment caused by appeals to people's guilt or sense of duty.

In virtually all of the groups, respondents' initial reactions to the Child Survival Campaign were positive, and their assessments became increasingly positive as the sessions progressed. As people learned more about the effort, and as their concerns were expressed and addressed, they tended to assign a higher and higher priority to the effort, even saying that the government should support it or that it should be a priority for private efforts.

These reactions were based on the premise that the campaign was a worthwhile endeavor, a noble goal, an appeal to people's idealism and sense of common humanity. But respondents' views about the effort shifted dramatically and became much less positive whenever the effort was described as something the U.S. or the American people had an moral obligation or duty to support. In the discussions, for example, a respondent would occasionally say that we had a moral obligation to support the effort and save people's lives. On occasion, the moderator would make a similar argument, then solicit reactions. Virtually without exception, the mood of the group changed whenever the issue was framed in such terms. Instead of weighing the merits of the effort against other good causes and assigning it a priority, respondents became defensive and, in some cases, resentful. Reactions at those moments made it clear that rather than feeling energized and hopeful about saving children's lives and doing something worthwhile, many felt oppressed, put upon, and burdened with an obligation they neither asked for nor welcomed.

In the session in Minneapolis, for example, a theology student was debating the priority the effort should receive with a woman who was concerned that the effort would not achieve its goals because mothers in developing countries would not use the information. At one point, the student said he felt more compassion toward children in developing countries than the woman did, implying that people had an moral obligation to support this effort and to do everything possible to save human life. The mood in the room changed. Whereas the group's reaction up to that point had been to agree with the student,

their reactions at that moment suggested that they resisted his framing of the issue. Some became defensive, and suggested this was not an obligation either they or the U.S. had to shoulder.

In a different context, respondents were asked about various private agencies that work in developing countries, including the organization, Save the Children which was generally quite well regarded (see Additional Observation #5). One woman from Philadelphia, however, commented about the approach used by that organization to raise money. "I am sick to death of seeing Sally Struthers [on TV] begging for money," she said. The reactions of others in the room, their laughter and their nods, made it apparent that this view was shared by others. Implicit in her remarks and in the reactions of those who agreed with her was the sense that this appeal is a phoney, manipulative approach designed to make people feel guilty, and is therefore something to be resisted, resented, dismissed, or ignored.

On the other hand, discussions about the famine in Ethiopia and the Sudan and about Americans' response to that tragedy produced a totally different mood. Even those who did not themselves donate seemed proud of the generosity of the American people and the U.S. government. Numerous respondents said that America always helps in emergencies, and that to respond generously to international tragedies such as earthquakes, floods or famine was a tradition reflecting Americans' national character. In this context, respondents spoke with compassion about children and mothers in Third World countries as victims of a tragedy; comments suggested a spontaneous generosity devoid of self interest or national interest, but rather rooted in compassion, idealism and good will toward fellow human beings.

Recommendation for the campaign:

We strongly recommend that appeals for support of the effort to reduce infant mortality be presented in terms of compassion and idealism, and not in any way based on duty, a sense of obligation, or something that is in the national interest of the United States. Most respondents strongly favored trying to reduce infant mortality, especially when the issue was presented as an effort to help others for no reason other than their shared humanity. However, when the effort was considered in a framework of obligation, duty or national interests, reactions became much less favorable and, importantly, more calculated. Several raised questions about administrative efficiency, or competing national needs; other obstacles discussed in this report became more pronounced. We feel that support for the effort will be strongest when people consider the issue in soley humanitarian terms.

Obstacle #11: The view that the effort will exacerbate global overpopulation.

Several respondents said they would not support the effort or would give it a low priority because, if it were successful, it would merely exacerbate what they saw as an even greater long-run threat: global overpopulation. To them, a key issue facing the world in the foreseeable future involves the depletion of natural resources and mankind's capacity to maintain life on a ecologically fragile planet.

Importantly, however, this concern was not widely shared. In the six sessions, only about one respondent in ten said this was an important concern. A far more common reaction was that, while overpopulation may be a long term threat, we cannot let it prevent us from saving children's lives in the short term. "We must do first things first," a man from Atlanta said. "And the first thing to do is save people's lives. We'll worry about the consequences of doing that later." Others said that while overpopulation was indeed a threat, it should be dealt with later, after lives had been saved and the danger of overpopulation was more acute.

In several sessions, respondents were asked to evaluate two arguments used by the campaign that the effort will not lead to overpopulation: first, that breast-feeding has a limited contraceptive effect, and second, that in developing countries where the birth rate has stabilized, the infant mortality rate had been reduced first.

Regardless of their views about overpopulation, respondents often rejected, the argument that breast-feeding has a contraceptive effect, and sometimes quite heatedly. "Tell that to my sister," a Los Angeles woman said. "She got pregnant twice while she was breast-feeding." Others, usually younger women, insisted that the idea that breast-feeding has a contraceptive effect is a myth, the kind of misinformation that, when used as a substitute for birth control, leads to unwanted pregnancy and population increases.

In general, however, respondents felt that the second argument -- that infant mortality rates must decline before the birth rate can stabilize -- made intuitive sense. Even without lengthy exposition about the reasoning behind this argument or without learning of specific countries where this trend has been the case, large numbers of respondents said this argument had the ring of truth. To many, it removed whatever lingering concern they had about the effort's impact of world population.

Recommendation for the campaign:

Based on reactions in these six sessions, it would seem that the issue of overpopulation, while perhaps of importance to elites, is not of great importance to most of the general public. We therefore recommend that, in materials intended for the public, the campaign not deal with the issue at length. Further, we strongly recommend that the campaign not use the argument that breast-feeding has a contraceptive effect in any of its materials. Whatever the argument's scientific merits, many respondents simply reject it out of hand. In fact, reactions were so strong that this argument seemed to undermine the credibility of other arguments, facts and information about infant mortality presented by the moderator. However, the relationship between the infant mortality rate and the birth rate was felt to be a credible argument. Therefore, we recommend that this be the only argument mentioned in connection with the overpopulation issue. But more important, we recommend that at least in terms of the public, the entire issue of global overpopulation be given a much lower profile than is currently planned.

Obstacle #12: The view that unfriendly countries will benefit from the effort.

A number of respondents worried that countries unfriendly to the United States would benefit from the child survival campaign. Importantly, respondents were not particularly concerned about communist countries; rather, their fears centered on nations (such as Libya) that support international terrorism. "This will sound like an un-Christian thing to say," said a Houston woman who was deeply religious, "but I don't want to save the life of a child who will throw bombs in crowded restaurants when he grows up." A woman from Philadelphia, said, "I would say we shouldn't give aid to any country that supports terrorism. They [the terrorists] are educating their children from birth." Other respondents asked which countries would be priority targets for the effort, saying, in effect, that at the very least, nations friendly to the U.S., such as Mexico, should benefit from the effort before nations such as Libya do. "If the U.S. is funding it [the Child Survival Campaign], then I think we should have a say over what countries we decide to work with first," said a man from Atlanta.

As with many concerns, however, this feeling diminished in intensity when respondents learned that the effort was internationally supported. It seemed as if much of their reservation about helping anti-American countries seemed rooted in the assumption that the child survival effort would be the responsibility soley of the United States. As respondents understood that international support would necessarily mean international (i.e., reduced U.S.) control, they largely resigned themselves to the fact that they could not determine who would be targeted for help first.

In addition, a number of respondents argued with those who expressed this concern, saying that the effort was to help children, not nations, and that children are innocent of the political activity and terrorism that the country they happen to live in might support. Further, it was fairly common for people to change their minds about this issue; in fact, the woman from Houston quoted above did just that. When she considered the issue further, she said, "I guess

we just have to take our chances and hope that the children whose lives are saved will not grow up to be terrorists. But the more I think about it, the more I agree that we can't refuse to save a child's life because he might grow up to hate us or become a terrorist."

Recommendation for the campaign:

In general, the issue of helping children in countries that are unfriendly to the U.S. did not come up until the moderator raised it. We infer, then, that this will not be a spontaneous concern of large numbers of people. When it was raised, it did carry considerable weight, especially at first. But as people considered the implications of helping only some children, their views began to change. We therefore recommend that countries unfriendly to the U.S. not be spotlighted among those where the effort is underway. Rather, campaign material should simply make it clear that this effort will attempt to reduce infant mortality everywhere in the world, without exception, and without regard to culture, race, religion, politics, or any consideration other than the level of infant mortality due to the causes that GOBI is designed to tackle.

V. ADDITIONAL OBSERVATIONS ABOUT THE PUBLIC'S REACTION

In the following section, we present an analysis of respondents' reactions that cannot be described as "obstacles" in the sense that we have been using the term. Nevertheless, the reactions detailed in this section are of direct and considerable importance to the U.S. Committee's planning efforts. Some of these observations are the result of suggestions made by Mr. Gibbs about questions to ask, after an analysis of the preliminary findings had been made. Others were neither solicited nor targeted for examination, either as the research was planned initially or as lines of inquiry were adjusted during the process; rather, they are conclusions that "fell out" from other lines of questioning. In both cases, these observations lead us to make specific recommendations about campaign messages and strategies that we hope will prove helpful to the U.S. Committee in its planning efforts.

1. Respondents' initial reactions about the effort were quite favorable. Their considered reactions were even more favorable.

The single most important result of the research is that, almost without exception, those interviewed in the six sessions felt that reducing Third World infant mortality is a worthwhile goal and something they would support. Though numerous obstacles were identified that impeded many from giving the issue their most serious consideration, or reduced respondents' enthusiasm for the effort, initial reactions about the effort were quite positive. As people learned more, and as their questions and reservations were addressed and discussed, their views became even more positive as the sessions progressed.

Recommendation for the campaign: This result does not lead to a direct recommendation for the campaign, but it does have major implications. It suggests that the American people will be receptive to the Committee's effort, that Americans will respond and may do so strongly.

Of course it is much more difficult to communicate a set of messages to large numbers of people than it is to test them with small groups. But administrative difficulties aside for the moment, we strongly feel that the results of this research should be heartening and of great encouragement to all those involved with the Child Survival Campaign.

2. Making the infant mortality rate understandable

Draft campaign material describes the Third World infant mortality rate in both annual and daily terms: 15 million children per year, and 40 thousand per day. In two sessions, respondents were asked which of those figures seemed more vivid and easier to understand. With virtual unanimity, they said the 40 thousand per day figure was much more impressive. "When numbers get into the millions," A Denver man said, "they blur in my mind. I know there's a difference between big numbers, but I don't think of much difference between 15 million and say, 100 million. They're so big I don't really comprehend them. But 40 thousand is a number I can relate to, something I can visualize. And it seems like a larger number too, it seems like more people."

Another reason for using the per day figure is that it suggests a problem that is an emergency, as opposed to a massive problem that can never be solved. The daily figure suggests that lives are being lost right now, today, and that if we work at it, we can save some who would otherwise die next week or next month. An annual figure suggests a numerical calculation -- and problem that is harder to visualize in terms of individual human beings.

Recommendation for the campaign:

We recommend that the campaign use only the per day figure in its materials, brochures, and press information packets. We also recommend again that the per child cost of immunization be calculated and publicized. This will help Americans visualize the problem in terms of individuals in need of help, rather than countless thousands of faceless victims in remote, poverty-stricken corners of the globe.

3. The campaign's appeal to citizens, regardless of their ideology or views about other issues.

In the session in Houston, 10 of 12 respondents said that in their spare time, they were actively involved with church-related activities. While the moderator did not probe in this area, it seemed clear that most, if not all of these people were fundamentalist Christians -- a group that generally is not supportive of internationalist goals in U.S. policy. But this goal -- reducing Third World infant mortality -- was supported with as much enthusiasm in Houston as in virtually any other group. Indeed, it was our sense that at least one or two respondents might take the issue to their church leadership to see if their church and congregation would endorse and work on the campaign effort.

Recommendation for the campaign:

We recommend that the campaign make every effort to reach citizens who might not usually be thought of as potential supporters of UNICEF goals. Specifically, we recommend that the effort target religious leaders and organizations, particularly in the South. Reducing infant mortality is an issue on which those who disagree about numerous issues (including, for example, abortion) can reach total accord. In our view, the campaign would overlook a very large group of potentially strong supporters if it did not reach the leadership and members of conservative religious organizations, especially in the South.

4. Citizens' feelings about private versus government assistance.

Especially in Denver (though in other groups as well), respondents gave the child survival effort different priorities when rating rate it in terms of government support and private charity. In Denver (and perhaps especially in other parts of the Western U.S. where a type of individualism has a particular cultural value), respondents gave the effort a very high priority in terms of private assistance. As mentioned, several said that people in Denver contribute more per capita to charity than in any other city. Yet when asked to rate the effort in terms of its priority for federal government assistance, Denver respondents gave the effort much lower marks. One man described what he saw as the difference between voluntary and "coercive" efforts and said that while he would strongly support the effort himself, he did not want to be "coerced" to do so through government use of his tax dollars.

Recommendation for the campaign:

We recommend that the Child Survival Campaign emphasize that this is a people-to-people effort, and that the campaign is looking for volunteers to help with its work. Materials should not, of course, be misleading, and if efforts are underway to increase federal support, we would never suggest that such information be misrepresented. However, to the extent that citizens see the effort to reduce infant mortality as something that is their own, a problem about which they as individuals can make, an effort that depends upon their generosity and help they will support it more enthusiastically. And the greatest difference in the level and intensity of citizen support will probably be in the Western U.S.

5. Views about certain private organizations that work in developing countries

Respondents in some sessions were asked what they thought about several organizations, including the International Red Cross, CARE, and Save the Children. Each was positively regarded; most respondents said that each does good work, is staffed by dedicated people and is generally efficient and capable. Importantly, when respondents learned that these groups were assisting in the effort to reduce infant mortality, their views about the effort became more positive. As with the knowledge that other countries were involved, respondents saw this as further evidence of a broad-based commitment that would significantly improve the effort's chances for success.

Recommendation for the campaign:

We recommend that UNICEF stress the cooperative nature of the effort among private agencies as well as foreign governments. Providing detailed information about how these agencies worked together in a particular country, for example, was particularly impressive to those in one session. We also recommend that UNICEF stress that individuals interested in assisting in this effort can do so by working through a number of other organizations as well as through UNICEF.

6. Views about UNICEF

Respondents in several sessions were asked what they thought of UNICEF. In general, the organization was well regarded by those interviewed. A few did confuse UNICEF with UNESCO, and one woman mentioned that she didn't like any organization connected with the U.N. A number of respondents were not familiar with the organization, or had only vague ideas about it. But for the most part, respondents associated UNICEF with helping children, Halloween, Christmas Cards, and Danny Kaye. Most who expressed an opinion said the organization was not political and was interested in helping children everywhere in the world. And most felt that the organization was doing a "good job" in that regard.

Recommendation for the campaign:

The groups suggest that, with a few exceptions, reactions to the Child Survival Campaign will not be influenced by negative views about UNICEF. In fact, the evidence suggests the reverse will be far more common. Additionally, at the end of the sessions when respondents learned that UNICEF was involved in the campaign, several said their views of the organization had become much more positive. We therefore see no reason for the U.S. Committee to downplay UNICEF's role in this effort.

V. METHODOLOGY

Six discussion groups, each with about a dozen people and lasting about two hours, were held across the country in three pairs of two. The first pair was exploratory: to gauge people's knowledge about the issue and their sense of its dimensions and importance. A key question explored in the first two sessions in particular is the apparent inconsistency between the public's desire to cut foreign aid (as documented in numerous public opinion surveys) and the public's support for relief to aid victims of the famine in Ethiopia. Later sessions gauged public awareness and assessments of the various agencies cooperating in the Child Survival Campaign, including CARE, Save the Children and the International Red Cross.

Sampling criteria for the sessions involved a crosssection of citizens stratified according to age, sex, race and education, and designed to represent the population of each community as a whole. Respondents had not participated in focus group for at least one year. The dates and cities for the sessions are listed below.

City	Date
Philadelphia:	January 21, 1986
Atlanta:	January 22, 1986
Houston:	February 5, 1986
Los Angeles:	February 6, 1986
Denver:	February 11, 1986
Minneapolis:	February 12, 1986

The sessions were tape recorded and each was moderated by John Doble of the Public Agenda. Phil Gibbs observed the sessions in Houston and Los Angeles.

ABOUT THE PUBLIC AGENDA FOUNDATION

The Public Agenda is a nonprofit, nonpartisan research and education organization that specializes in public understanding of complex policy issues. Founded over a decade ago by public opinion analyst Daniel Yankelovich and former Secretary of State Cyrus Vance, Public Agenda's indepth research probes beneath public opinion -- people's top-of-the-head reactions to issues -- to uncover public judgment -- people's views on issues when they have confronted them realistically and weighed the choices and tradeoffs they present. Public Agenda citizen education materials provide average Americans with imaginative and compelling means to understand complex issues for themselves. The organization has conducted research and prepared educational materials on a variety of public policy issues including nuclear arms and U.S./Soviet relations, rising health care costs, Social Security and retirement, social welfare reform, prison overcrowding, and the federal budget deficit.

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Childcare and Working Parents: Executive Summary (1983). John Immerwahr, Judith Golub, and Harvey Lauer. An examination of changing economic realities for married couples and single parents, including analysis of national survey data and indepth interviews with both childcare experts and working parents. Part of the multi-year project on jobs and work, "Jobs in the 1980's and 1990's". 22pp. Price: $5.00.

Community Leaders' Attitudes About Child Survival (1987). John Doble and Judith Kallick. Prepared for the U.S. Committee for UNICEF and the Carnegie Corporation. The report contains findings of a survey conducted with over 1,000 community leaders in five cities to assess their views about third world infant mortality. 57pp. Price: $10.00.

Children at Risk, Families at Risk: The Public's Perspective on Child Abuse and Neglect (Forthcoming, 1987). John Immerwahr and John Doble. Report on public misperceptions about foster care based on series on ten focus groups conducted across the country. Prepared for the Edna McConnell Clark Foundation.

Infant Mortality in the Third World: The Public's Reactions to Child Survival (1986). John Doble. A report for the U.S. Committee for UNICEF analyzing obstacles blocking citizens' consideration of ways to reduce infant mortality in developing countries, with recommendations for the Child Survival Campaign of UNICEF. 46pp. Price: $8.00.

CRIME AND CORRECTIONS:

Crime and Corrections: A Review of Public Opinion Data Since 1975 (1986). Mary Komarnicki and John Doble. Findings, detailed observations and tables of surveys from many sources organized into six sections detailing people's attitudes towards the criminal justice system, police, courts and prison system, and the causes and problems of crime. Prepared for the Edna McConnell Clark Foundation. 131pp. Price: $18.00.

Crime and Punishment: The Public's View (1986). John Doble. Prepared for the Edna McConnell Clark Foundation. A qualitative analysis of ten focus group discussions exploring people's opinions on crime and corrections, the rationale for their views, and their views on alternatives to incarceration as a means to reduce prison overcrowding. 85pp. Available from the Edna McConnell Clark Foundation, 250 Park Avenue, New York, NY, 10017 (212) 986-7050.

EDUCATION AND THE PUBLIC SCHOOLS:

SchoolVote: A Public Choice Campaign (1985). An information kit describing a citizen information campaign of issues facing the public schools conducted by Public Agenda with local media sponsors in 1985 in the greater Philadelphia area and in 1987 in Milwaukee. Contains press releases, storyboards, and sample materials from the campaign. Provides information on media participation, community and leadership involvement, and results of culminating SchoolVote "balloting." Price: $2.00.

SchoolVote Ballot Results (1985). Results of balloting from pilot SchoolVote campaign conducted in Philadelphia and the Delaware Valley in 1985 where 100,000 citizens "cast a vote" on choices regarding critical education issues including class size, teacher evaluation, and enriched programs for preschoolers. Price: $8.00.

ENGINEERING, SCIENCE, AND TECHNOLOGY:

Engineering and Technology: The Public's Perspective (1986). John Doble and Mary Komarnicki. A qualitative analysis of focus group discussions on the public's attitudes about engineers and engineering. Prepared for the National Academy of Engineering. 46pp. Price: $8.00.

Public Attitudes Toward Engineering and Technology (1986). Mary Komarnicki and John Doble. An analysis of existing opinion survey data on engineering and technology with detailed observations, tables, and survey questions and responses. Prepared for the National Academy of Engineering. 106pp. Price: $20.00.

Science Policy Priorities and the Public (1983). John Doble. A pilot study assessing the public's willingness and ability to participate in setting priorities for scientific research. Prepared in association with Harvard University for the National Science Foundation. 88pp. Price: $12.00.

HEALTH CARE COSTS:

Curbing Health Care Costs: The Public's Prescription (1983). John Doble, Jean Johnson, and Jeff Tuchman. Report on pilot citizen education campaign on rising health care costs -- HealthVote 82 -- conducted in Des Moines, Iowa. Contains data about public understanding of health costs before and after the information campaign and describes the communications activities that led to increased public knowledge of the issue. 80pp. Price: $6.50.

HealthVote: A Public Information Campaign. An information kit describing a citizen information campaign on rising health care costs conducted by Public Agenda with local media sponsors in cities across the country. Contains press releases, storyboards, and sample materials from the campaign. Provides information on media participation, community and leadership involvement, and results of culminating "balloting." in the cities. Price: $2.00.

HealthVote Ballot Results (1985). Detailed results of ballots from five HealthVote campaigns conducted in Dayton, Kansas City, Minneapolis, Peoria, and Raleigh in 1985 where citizens were asked to "cast a vote" on critical health care issues including care of low income citizens and the elderly, malpractice, and use of HMOs and similar alternatives. 20pp. Price: $5.00.

JOBS AND PRODUCTIVITY:

Jobs in the 1980's and 1990's: A Sourcebook for Policy Makers (1983). Harvey Lauer. Report of comparative studies conducted in the United States, Great Britain, West Germany, Japan, and Sweden on workers' attitudes about productivity, unemployment, worker incentives, and job satisfaction. Prepared as part of the "Jobs in the 1980's and 1990's" project. 359pp. Price: $15.00.

Managing for Motivation in a High Discretion Workplace (1983). Daniel Yankelovich. An examination of factors contributing to enhanced productivity, including a list of "dos and don'ts" for stimulating the work ethic. Prepared as part of "Jobs in the 1980's and 1990's" project. 43pp. Price: $5.00

New Technnology in the Workplace: A Quotebook of Opportunities and Options (1985). Mary Komarnicki. Highlights of findings of the "Technology and Human Resource" project, a study designed to explore ways to introduce new technology in the workplace to enhance worker acceptance and productivity. (102pp). Price: $10.00. Summary report available: $5.00.

People and the New Technologies: An Issue for Managers (1983). Franklin Lindsay, Jerome Rubin, and Richard Cohen. Paper presented at the 1983 Wharton/Reliance Symposium on "Removing Obstacles to Economic Growth" discussing interviews with managers and experts conducted for the "Technology and Human Resources" project. 46pp. Price $7.50.

Putting the Work Ethic to Work (1983). Daniel Yankelovich and John Immerwahr. A ground-breaking report on the state of the American work ethic and its relationship to America's economic vitality. Report is based on indepth interviews with 845 working Americans and includes findings from comparative studies conducted in Great Britain, West Germany, Japan, Israel, and Sweden. Published as the culminating report of the "Jobs in the 1980's and 1990's" project. Includes executive summary. 45pp. Price: 20.00. Bulk rates available.

Work in the 1980's and 1990's: A Series of Nine Articles Appearing in Working Woman Magazine (1983). Julia Kagan. Series of articles highlighting findings from the "Jobs in the 1980's and 1990's" project, with special emphasis of views of women in the work place. Focuses on working mothers and child care, job satisfaction and productivity, technology in the workplace, and retirement. 19pp. Price: $5.00.

NUCLEAR ARMS AND U.S./SOVIET RELATIONS:

Nuclear Proliferation: The Public's View (1985). John Doble. Report on Americans' attitudes concerning the spread of nuclear weapons. Prepared for the Roosevelt Center for American Policy Studies in Washington, DC. 52pp. Price: $8.50.

The Public, the Soviets, and Nuclear Weapons: An Information Kit (1987). Describes the multi-year joint effort of Public Agenda and the Center for Foreign Policy Development at Brown Univerisity to explore and enhance the public's role in development of the country's long term policies for nuclear arms and U.S./Soviet relations. Includes information about Public Summit '88, a citizen information campaign to be conducted in cooperaton local television and newspapers in four cities in January, 1988. Campaign asks citizens to think about both short-term and long-term options for relations with the Soviets. Single copies available free of charge.

The Public, the Soviets, and Nuclear Weapons: A Perspective from Community Leaders (1987). Report on series of workshops held with community leaders in ten cities examining issues such as deterrence, the Strategic Defense Initiative, and the spread of Marxism in the Third World. Conducted for "The Public, The Soviets, and Nuclear Arms," a joint project of the Public Agenda and the Center for Foreign Policy Development at Brown University. 62pp. Price: $10.00.

Voter Options on Nuclear Arms Policy: A Briefing Book for the 1984 Elections (1984). The Public Agenda Foundation and the Center for Foreign Policy Development at Brown University. Report based on a 1984 indepth study of Americans' views about nuclear arms, the Soviets, arms control, and communism in the Third World, and an analysis of opinion data on these issues since 1945. Outlines areas of consensus and confusion among Americans and contrast public opinion, elite views and existing policy options. 90pp. Price: $6.00. Technical Appendix: $10.00.

SOCIAL WELFARE POLICY:

Options for Social Welfare Policy: The Public's Views (1986). John Doble and Keith Melville. Examination of public knowledge and misperceptions about welfare policy based on series of six focus groups. Prepared for the Ford Foundation. 52pp. Price: $6.50.

The Public's Perspective on Social Welfare Policy: A Briefing Book for the 1938 Elections (Forthcoming, 1987). Keith Melville and John Doble. Report on major indepth study of public attitudes about social welfare and proposals to reform the welfare system, including reforming AFDC, expanding early childhood intervention, assisting the working poor, and extending government-provided health insurance. Prepared for the Ford Foundation. 100pp. Price: $10.50. Technical Appendix: 124pp. Price: $15.00.

REGIONAL STUDIES ON ECONOMIC GROWTH AND THE ENVIRONMENT

The Kanawha Valley: A Report on Public Attitudes Toward Economic Benefits and Environmental Risks (1986). Richard Harwood. A report on the views of residents of Kanawha Valley (Charleston, West Virginia) on chemical production, environmental trade-offs, chemical companies in the Valley and their economic benefits. Prepared for the National Institute for Chemical Studies. 64pp. Price: $10.00

International Competitiveness in the West: The Public's View (1986). Public Agenda Foundation. Report on focus groups conducted in the western states focusing on the region's economic vitality, international competitiveness and protectionism. Prepared for the Western Governors' Association. 34pp. Price: $7.00.

Survey of Attitudes of the Puget Sound Work Force on Economic Growth and the Work Place (1982). Introduction by William D. Ruckelhaus and Brewster C. Denny. Survey of 500 employed reisdents of three Puget Sound counties on work preference, living environment, economic growth, and worker commitment and productivity. Report provides insights into worker morale at small and large corporations and what workers view as important returns on a job. Survey covers "discretionary" worker effort and willingness to accept environmental trade-offs for economic growth. 110pp. Price: $15.00.

Water Efficiency in the West: The Public's View (1986). Public Agenda Foundation. Summary of series of focus groups in the Western states exploring public understanding and perspective on water shortages and allocation. Prepared for the Western Governors' Association. 43pp. Price: $7.50.

OTHER PUBLIC AGENDA PUBLICATIONS:

Campaign Finance: Defining the Problem, Proposing a Remedy (1985). Keith Melville and Mary Komarnicki. A report on a 1985 Aspen Institute Conference on Campaign Finance which discusses the problem of financing campaigns, the advantages of a wealthy candidate, the increasing influence of PACs, and the diminishing contributions made by voters themselves. Conference examined unintended effects of reforms of the 1970s and prospects now for public support for reform. 15pp. Price: $4.50.

The Federal Budget Crisis: The Public's Response (1983). John Doble and James Shapiro. A discussion of public misperceptions that may be obstacles to addressing the federal budget deficit. The report is based on indepth interviews with citizens in five cities across the country. Prepared for the Committee for a Responsible Federal Budget. 28pp. Price: $5.00.

Sex on Campus: Sexually Transmitted Disease: Surviving the Epidemic of the 1980s (1987). Keith Melville. A 16-page guide for college students laying out the dangers of sexually transmitted diseases, including A.I.D.S., and presenting questions and answers about prevention and self-protection. Prepared for the College Satellite Network with guidance from the Centers for Disease Control, the American College Health Association, and the American Council on Education. Price: $2.00.

The Speaker and the Listener: A Public Perspective on Freedom of Expression (1980). John Immerwahr, Jean Johnson, and John Doble. Introduction by Daniel Yankelovich. Report on a national opinion survey of Americans' attitudes about freedom of expression, the First Amendment, and the communications media. Outlines differences in perspective between professionals in journalism and the public. 65pp. Price: $25.00. Technical appendix: 212pp. Price: $17.00..

VIDEOTAPES AVAILABLE FROM THE PUBLIC AGENDA FOUNDATION:

What Should We Do in School Today? (1985). A 22-minute documentary presentation asking citizens to think through choices facing the public schools. Examines dilemma about curriculum, teacher pay and evaluation, class size, and enrichment programs of disadvataged children. Produced for the Public Agenda's SchoolVote campaigns by David and Albert Maysles. Beta, VHS, or 3/4" format. Purchase: For more information, please contact Jeff Tuchman at Public Agenda.

What Price Health Care? (1985). A 22-minute documentary presentation asking citizens to confront choices presented by the rising cost of health care. Focuses on incentives for hospitals, doctors, and patients to curb the cost of health care. Honored by the American Film Festival. Produced for the Public Agenda's HealthVote camapigns by Philip Garvin of NORAC, Inc. in 1982. Revised in 1985. Beta, VHS, or 3/4" formats. Purchase: For more information, please contact Jeff Tuchman at Public Agenda.

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